FY 2021 Health Center Program Service Expansion - School-Based Service Sites (SBSS)

Application Forms Blank Sample

FORM 5B: SERVICE SITES

OMB No.: 0915-0285. Expiration Date: 3/31/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES **Health Resources and Services Administration** **Form 5B: Service Sites**	**FOR HRSA USE ONLY**	
	Grant Number	Application Tracking Number

Notes:

- You will use form 5B either to propose a new site or to select a current site from scope. If you are selecting a current site from scope, go to the previous page and click on "Pick from Scope".
- The addition of a service delivery site located at a school is required if you do not currently operate school-based service site(s) where you will implement your proposed SBSS project.
- Because SBSS funds are intended to increase access to school-based services in your existing service area, as of the NOFO release date, you may not expand your service area through this application. Note the following requirements:
  - Site Physical Address – The zip code of the Site Physical Address (where the school-based service site will be located or where a new mobile unit will be parked) must be included in your current service area, based on the Service Area Zip Codes listed across all current sites in scope (on Form 5B).
  - Service Area Zip Codes – All Service Area Zip Codes listed for any proposed new site(s) must be included in your existing service area, based on the Service Area Zip Codes listed across all current sites in scope (on Form 5B).
- Provide requested data, including a verifiable street address, for each proposed service site.

Fields with * are required

Site Qualification Criteria	
1. * Is the site an Admin-only site? If Yes, the site is an "Admin-only" site, select 'Not Applicable' for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.	[_] Yes [_] No
a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?	[_] Yes [_] No [_] Not Applicable
b. Do/will providers exercise independent judgment in the provision of services to the patient?	[_] Yes [_] No [_] Not Applicable
c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?	[_] Yes [_] No [_] Not Applicable

d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?	[_] Yes [_] No [_] Not Applicable
2. * Is the site a Domestic Violence (Confidential) shelter?	[_] Yes [_] No [_] Not Applicable

Site Information			
* Site Name		* Physical Site Address	
* Site Type	[_] Administrative/Service Delivery Site [_] Service Delivery Site [_] Administrative Site	* Site Phone Number	
* Web URL			
The following fields are required for "Service Delivery" and "Administrative/Service Delivery" site types:			
*Location Type	[_] Permanent [_] Seasonal [_] Mobile [_] Migrant Voucher Screening [_] Intermittent	*Site Setting	[_] All Other Clinic Types [_] Hospital [_] School
Date Site was Added to Scope	*Read-only for sites already in scope and disabled when adding a new site*	*Site Operational Date	mm/dd/yyyy

*FQHC Site Medicare Billing Number Status	[_] This site has a Medicare billing number [_] This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) [_] Health center does not/will not bill under the FQHC Medicare system at this site [_] Number is pending; application for this site has been submitted to CMS [_] Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		* Total Hours of Operation (when patients will be served per week)	
Months of Operation	[Check All] [January] [February] [March] [April] [May] [June] [July] [August] [September] [October] [November] [December]		
Saved Months of Operation	*prepopulated*		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent Site' Type)	
* Site Operated by	[_] Health Center/Applicant [_] Contractor [_] Subrecipient		

Subrecipient or Contractor Information (Required only if 'Subrecipient' or 'Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	Options

* Service Area Zip Codes	*Enter up to five zip codes*
Saved Service Area Zip Code(s)	*Prepopulated*